

2013 FEB -8 PM 3:51

## LOUISIANA BOARD OF ETHICS

Post Office Box 4368  
Baton Rouge, Louisiana 70821**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)**

- ☒ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE L.

☒ ORIGINAL REPORTTHIS REPORT COVERS CALENDAR YEAR 2011☐ AMENDED REPORT☐ FINAL REPORT (WHERE TERM ENDS IN JANUARY (COVERING JANUARY 1 THROUGH JANUARY \_\_\_\_))

A final report must be filed on or before May 15 of the year in which your service to that office ends.  
Refer to the "GENERAL INFORMATION" sheet of this form to determine eligibility.

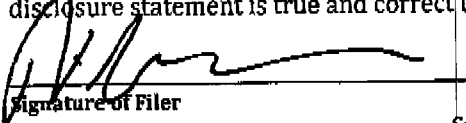
OFFICE/POSITION HELD: 1<sup>st</sup> District Seat. Jefferson Parish CouncilNAME OF FILER (print full name): RICKY TEMPLETMailing Address: 150 LINDA CT.City, State, Zip: Gretna LA 70053NAME OF SPOUSE (print full name): CHRISTINE TEMPLETSpouse's Occupation: SCHOOL PRINCIPALSpouse's Principal Business Address: 4600 River Rd.City, State, Zip: Marrero LA. 70072

## CHECK ALL THAT APPLY

- ☒ I have filed my state income tax return for the previous year.  
☒ I have filed for an extension of my state income tax return for the previous year.  
☒ I have filed my federal income tax return for the previous year.  
☒ I have filed for an extension of my federal income tax return for the previous year.  
☐ I have filed for an extension of my federal income tax return for the previous year AND I am requesting an extension in filing my Tier 2 Personal Financial Disclosure.

**CERTIFICATE OF ACCURACY**

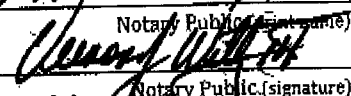
I do hereby certify, after having been duly sworn, that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge, information, and belief.

  
Signature of Filer

Sworn to and subscribed before me this

8<sup>TH</sup> day of FEBRUARY, 2013

  
Notary Public (print name)

  
Notary Public (signature)

ID#

Date Commission Expires

2/24/2015

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule A: Employment Information**

<input checked="" type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Title: <u>State Representative</u>			
Name of Employer: <u>LA. HOUSE OF REPRESENTATIVES</u>			
Address: <u>P.O. Box 94062</u>			
City, State, Zip: <u>Baton Rouge LA 70804</u>			
Job Description: <u>Elected official - State Representative District 85</u>			

<input type="checkbox"/> Filer	<input checked="" type="checkbox"/> Spouse	<input checked="" type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Title: <u>PRINCIPAL</u>			
Name of Employer: <u>Jefferson Parish Public School System</u>			
Address: <u>4600 River Rd.</u>			
City, State, Zip: <u>Marrero LA 70072</u>			
Job Description: <u>School principal - West Jefferson High School</u>			

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Title: _____			
Name of Employer: _____			
Address: _____			
City, State, Zip: _____			
Job Description: _____			

<input type="checkbox"/> Filer	<input type="checkbox"/> Spouse	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time
Job Title: _____			
Name of Employer: _____			
Address: _____			
City, State, Zip: _____			
Job Description: _____			

- You are required to disclose employment information related to both you and your spouse.
- List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.

## LOUISIANA BOARD OF ETHICS

Post Office Box 4368  
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## SCHEDULE B: POSITIONS - BUSINESS

<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (amount exceeds 10%): <u>33.34</u> % Name of Business: <u>NRM Investment Properties LLC</u> Address: <u>150 Linda Ct</u> City, State, Zip: <u>Gretna LA 70053</u> Business Description: <u>Rental Real Estate</u> Nature of Association: <u>Limited Partner</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Both Amount of Interest (amount exceeds 10%): <u>100</u> % Name of Business: <u>R C Temple Enterprises Inc</u> Address: <u>150 Linda Ct</u> City, State, Zip: <u>Gretna LA 70053</u> Business Description: <u>Catering company</u> Nature of Association: <u>owner</u>
<input checked="" type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (amount exceeds 10%): <u>12.5</u> % Name of Business: <u>Westbank Coffee Company LLC</u> Address: <u>1800 Lafayette St</u> City, State, Zip: <u>Gretna LA 70053</u> Business Description: <u>organic beverage &amp; extract</u> Nature of Association: <u>Investor</u>
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Amount of Interest (amount exceeds 10%): _____ % Name of Business: _____ Address: _____ City, State, Zip: _____ Business Description: _____ Nature of Association: _____

\* You are required to complete SCHEDULE B if you or your spouse is a director, officer, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule C: Positions – Nonprofit**☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Description of Organization: \_\_\_\_\_

\*You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit agency.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule D: Income from the State, Political Subdivisions, and/or Gaming Interests**

☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)  
 Type of Income: ☒ State ☐ Political Subdivision ☐ Gaming Interest  
 Name of Business (if applicable): LA. House of Representatives  
 Name of Income Source: Salary  
 Address: PO Box 94062  
 City, State, Zip: Baton Rouge LA. 70053  
 Amount of Income (exact dollar amount): \$ 33,082.80

☐ Filer ☒ Spouse ☐ Business (where amount of interest exceeds 10%)  
 Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming Interest  
 Name of Business (if applicable): Jefferson Parish Public School System  
 Name of Income Source: Salary  
 Address: 4600 River Rd  
 City, State, Zip: Narrero LA. 70072  
 Amount of Income (exact dollar amount): \$ 84,475.19

☒ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)  
 Type of Income: ☐ State ☒ Political Subdivision ☐ Gaming Interest  
 Name of Business (if applicable): Jefferson Parish Finance Authority  
 Name of Income Source: nonemployee compensation  
 Address: 1221 Elmwood Park Blvd  
 City, State, Zip: Jefferson LA 70123  
 Amount of Income (exact dollar amount): \$ 5,850 -

☐ Filer ☐ Spouse ☐ Business (where amount of interest exceeds 10%)  
 Type of Income: ☐ State ☐ Political Subdivision ☐ Gaming Interest  
 Name of Business (if applicable): \_\_\_\_\_  
 Name of Income Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Amount of Income (exact dollar amount): \$ \_\_\_\_\_

\* You are required to complete SCHEDULE D if you or your spouse received income from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* The definitions for (and examples of) political subdivision, gaming interest, and business are found in the Instructions Section of this form.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule E: Income Received from Employment**☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services (pursuant to such employment): \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services (pursuant to such employment): \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services (pursuant to such employment): \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Nature of Services (pursuant to such employment): \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

\* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

\* Income received through self-employment is reported on SCHEDULE F.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

## LOUISIANA BOARD OF ETHICS

Post Office Box 4368  
Baton Rouge, Louisiana 70821

## Schedule F: Income Received From Business Interests

## AGGREGATE AMOUNT OF INCOME RECEIVED FROM BUSINESS INTERESTS:

- ☐ Category I (less than \$5,000)      ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000)      ☐ Category IV (more than \$100,000)

☒ Filer    ☐ SpouseName of Business: MRM Investment Properties LLCAddress: 150 Linda CtCity, State, Zip: Gretna LA. 70053

Nature of services rendered or reason income was received:

Limited partner. business operated at a loss☒ Filer    ☒ SpouseName of Business: R+C Templet EnterprisesAddress: 150 Linda CtCity, State, Zip: Gretna LA 70053

Nature of services rendered or reason income was received:

catering company. business operated at a loss☒ Filer    ☐ SpouseName of Business: Westbank Coffee Company LLCAddress: 1800 Lafayette StCity, State, Zip: Gretna, LA. 70053

Nature of services rendered or reason income was received:

Investor. business operated at a loss☒ Filer    ☐ SpouseName of Business: Westbank Beacon LLCAddress: 9 Chateau Magdelaine PrCity, State, Zip: Kenner, LA. 70065

Nature of services rendered or reason income was received:

General partner - received 10% of net ordinary business income

\*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

Revised December 2012

Form 416A

www.ethics.state.la.us

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule G: Other Income** (any other income that exceeds \$1,000 from each source)☒ Filer ☐ SpouseDescription of Income: Interest IncomeNature of services rendered or reason income was received: Payments on Installment loanAmount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☒ Filer ☐ SpouseDescription of Income: Dividend IncomeNature of services rendered or reason income was received: mutual fund earningsAmount of Income: ☒ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☒ Filer ☐ SpouseDescription of Income: Rental IncomeNature of services rendered or reason income was received: rental of residential  
real estateAmount of Income: ☒ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: \_\_\_\_\_

Nature of services rendered or reason income was received: \_\_\_\_\_

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)  
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

\*You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

\*Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.



**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule H: Immovable Property** (a property that exceeds \$2,000 in value)☐ Filer ☐ Spouse ☒ Both

## Location of Property

Country: USA State: LA Parish/County: JeffersonDescription of Property: Rental Real Estate - 1435 MadisonFair Market or  
Use Value:☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☒ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both

## Location of Property

Country: USA State: LA Parish/County: JeffersonDescription of Property: Rental Real Estate - 1038 MonroeFair Market or  
Use Value:☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☒ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both

## Location of Property

Country: USA State: LA Parish/County: JeffersonDescription of Property: Rental Real Estate - 717-719 AnsonFair Market or  
Use Value:☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☒ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both

## Location of Property

Country: USA State: LA Parish/County: JeffersonDescription of Property: Personal Residence - 150 Linda CtFair Market or  
Use Value:☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☒ Category IV (more than \$100,000)

\*You are required to disclose the location by country, state, and parish/county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368

Baton Rouge, Louisiana 70821

**Schedule H: Immovable Property** (A property that exceeds \$2,000 in value)☐ Filer ☐ Spouse ☒ Both

Location of Property

Country: USA State: LA. Parish/County: JeffersonDescription of Property: Rental Real Estate - 714 3rd St.Value of Property: ☐ Category I (less than \$5,000)☒ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both

Location of Property

Country: USA State: LA. Parish/County: JeffersonDescription of Property: Rental Real Estate - 18 Decamp St.Value of Property: ☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☒ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☒ Both

Location of Property

Country: USA State: LA. Parish/County: JeffersonDescription of Property: Rental Real Estate - 1023 Monroe St.Value of Property: ☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☒ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Location of Property

Country: \_\_\_\_\_ State: \_\_\_\_\_ Parish/County: \_\_\_\_\_

Description of Property: \_\_\_\_\_

Value of Property: ☐ Category I (less than \$5,000)☐ Category II (\$5,000-\$24,999)☐ Category III (\$25,000-\$100,000)☐ Category IV (more than \$100,000)

\*If the immovable property does not have an address, disclose the location by state and parish or county.

\* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule I: Investment Holdings** (an investment holding that exceeds \$5,000)☐ Filer ☐ Spouse ☒ BothName of Security: Entergy stockDescription of Security: 113 shares owned☐ Filer ☐ Spouse ☒ BothName of Security: Wal Mart DE MEX stockDescription of Security: 333 shares owned☐ Filer ☐ Spouse ☐ Both

Name of Security: \_\_\_\_\_

Description of Security: \_\_\_\_\_

☐ Filer ☐ Spouse ☐ Both

Name of Security: \_\_\_\_\_

Description of Security: \_\_\_\_\_

\* You are required to complete SCHEDULE I if you or your spouse holds investment securities where each investment security has a value that exceeds \$5,000.

\* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash/cash equivalent investments.

\* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule J: Transactions** (a transaction that exceeds \$5,000)

<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both Transaction Date: _____ Description of Transaction: _____ _____ Amount of Transaction: <input type="checkbox"/> Category I (less than \$5,000) <input type="checkbox"/> Category II (\$5,000-\$24,999) <input type="checkbox"/> Category III (\$25,000-\$100,000) <input type="checkbox"/> Category IV (more than \$100,000)	

\* You are required to complete SCHEDULE J if you or your spouse purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

\* You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule K: Liabilities** (a liability that exceeds \$10,000)☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name of Guarantor (If applicable): \_\_\_\_\_

\*You are required to complete SCHEDULE K if you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

\*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

\*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

\*You are not required to disclose any loan by a licensed financial institution which loans money in the ordinary course of business.

\*You are not required to disclose any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13).

\*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

\*\*"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq. R.S. 9:3516(13).

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule L: Other Offices/Positions Held**Name of Office/Position: Board of Directors - Jefferson Parish Finance Authority

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

Name of Office/Position: \_\_\_\_\_

\*You are required to complete SCHEDULE L if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.

**LOUISIANA BOARD OF ETHICS**Post Office Box 4368  
Baton Rouge, Louisiana 70821**Schedule M: Positions – Business**

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

☐ Filer ☐ Spouse ☐ Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ %

☐ Filer ☐ Spouse ☐ Both

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Nature of Association: \_\_\_\_\_

Amount of Interest: \_\_\_\_\_ %

\* You are required to complete SCHEDULE M if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose information related to ownership interest in a business regardless of the percentage of ownership.

\* "Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

\* Information disclosed on SCHEDULE B does not have to be restated on SCHEDULE M.

**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule N: Income from the State and/or Political Subdivisions**

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

☐ Filer   ☐ Spouse   ☐ Business  
 Type of Income:   ☐ State   ☐ Political Subdivision  
 Name of Business (if applicable): \_\_\_\_\_  
 Name of Income Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Amount of Income (exact dollar amount): \_\_\_\_\_

☐ Filer   ☐ Spouse   ☐ Business  
 Type of Income:   ☐ State   ☐ Political Subdivision  
 Name of Business (if applicable): \_\_\_\_\_  
 Name of Income Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Amount of Income (exact dollar amount): \_\_\_\_\_

☐ Filer   ☐ Spouse   ☐ Business  
 Type of Income:   ☐ State   ☐ Political Subdivision  
 Name of Business (if applicable): \_\_\_\_\_  
 Name of Income Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Amount of Income (exact dollar amount): \_\_\_\_\_

☐ Filer   ☐ Spouse   ☐ Business  
 Type of Income:   ☐ State   ☐ Political Subdivision  
 Name of Business (if applicable): \_\_\_\_\_  
 Name of Income Source: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Amount of Income (exact dollar amount): \_\_\_\_\_

\* You are required to complete SCHEDULE N if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose all income received by a business in which you or your spouse received regardless of the percentage of ownership in the business.

\* "Income" (for a business) means gross income less costs of goods sold, and operating expenses.

\* "Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.

\* Information disclosed on SCHEDULE D does not have to be restated on SCHEDULE N.



**LOUISIANA BOARD OF ETHICS**

Post Office Box 4368  
Baton Rouge, Louisiana 70821

**Schedule O: Income from a Governmental Entity**

(to be completed by members of the Ethics Adjudicatory Board and Ethics Board, and the administrator of the Ethics Administration)

☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

☐ Filer ☐ Spouse

Name of Governmental Entity: \_\_\_\_\_

Nature of Contract/Sub-Contract: \_\_\_\_\_

Value (of thing of economic value) Derived: \_\_\_\_\_

\* You are required to complete SCHEDULE O if you are a member of the Ethics Adjudicatory Board; a member of the Board of Ethics; or if you serve as administrator of the Ethics Administration.

\* You are required to disclose the name of each governmental entity from which you or your spouse derives a "thing of economic value" through a contract or subcontract involving a governmental entity, including the Louisiana Insurance Guaranty Association, the Louisiana Health Insurance Guaranty Association, Louisiana Citizens Property Insurance Corporation, the Property Insurance Association of Louisiana, and any other quasi-public entity.

\* You are required to disclose the nature of the contract or subcontract, and the value of the "thing of economic value" derived.

\* "Thing of Economic Value" means money or any other thing having economic value. The complete definition of "thing of economic value" can be found at La. R.S. 42:1102(22).